

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010308

FILED
Jun 29, 2006
Secretary of State

Entity Name: HURRICANE OF HOPE INC.

Current Principal Place of Business:

8100 SUNRISE LAKES BLVD #101
SUNRISE, FL 33322

New Principal Place of Business:

Current Mailing Address:

8100 SUNRISE LAKES BLVD #101
SUNRISE, FL 33322

New Mailing Address:

FEI Number: 01-0843987 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

HOPE, PHYLLIS C
8100 SUNRISE LAKES BLVD #101
SUNRISE, FL 33322 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HOPE, PHYLLIS
Address: 8100 SUNRISE LAKES BLVD #101
City-St-Zip: SUNRISE, FL 33322

Title: V () Delete
Name: DODD, EARL
Address: 8100 SUNRISE LAKES BLVD #101
City-St-Zip: SUNRISE, FL 33322

Title: S () Delete
Name: HOPE, TANISHA
Address: 5826 NW 23 ST
City-St-Zip: LAUDERHILL, FL 33312

Title: T () Delete
Name: HOPE, SHEENA
Address: 2325 S CONWAY RD
City-St-Zip: ORLANDO, FL 32812

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHYLLIS HOPE

PRES

06/29/2006

Electronic Signature of Signing Officer or Director

Date